

APPLICATION FOR EMPLOYMENT

Sigma Nu Fraternity, Inc. is an equal opportunity employer. Applicants are considered for employment without regard to race, color, national origin, religion, sex, age, disability, citizenship status, or any other basis prohibited by law, unless such basis constitutes a bona fide occupational qualification. **Sigma Nu Fraternity, Inc.** will comply with its obligation to provide reasonable accommodation to qualified individuals with disabilities.

Please print and answer all questions

GENERAL INFORMATION

Consulting Position sought: _____ Date: _____
List a Preference –Leadership/Expansion & Recruitment/Either

Name: _____
Last First M.I.

Home Address: _____
Street City State Zip

Telephone No. (_____) _____
Area Code

School Address: _____
Street City State Zip

Telephone No. (_____) _____ E-Mail: _____
Area Code

Collegiate Chapter: _____ Badge: _____

Have you ever been convicted of or pled guilty or “no contest” to a crime (other than minor traffic violations)?
(Note: driving under the influence is not considered a minor traffic violation) Yes No
(Conviction or plea will not necessarily disqualify applicant from employment)

If yes, please state when, where and final outcome: _____

When are you available to start work at Sigma Nu Fraternity, Inc.? _____

How did you hear about the job opening at Sigma Nu Fraternity, Inc.? _____

Are you a U.S. Citizen? Yes No

Are you legally authorized to work in the U.S.? Yes No

Will you now or in the future require sponsorship for employment visa status (e.g., H-1B)? Yes No

Have you filed an application here before? Yes No If yes, give date(s) _____

Have you ever been employed here before? Yes No If yes, give date(s) _____

EDUCATION

Type of School	Name of School	City and State	Number of Years Completed	Graduate?		Course Pursued/ Degrees Granted
				Yes	No	
High School						
College or University						
Business, Trade or Technical School or College						
Correspondence or Special School or College						

Other schooling or relevant training: _____

Business References

List the name and telephone number of three business/work references who are *not* related to you. If you are new to the workforce, list three school or personal references that are *not* related to you.

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Name	Title	Relationship to you	Telephone No.	No. Years Known
()				
Name	Title	Relationship to you	Telephone No.	No. Years Known
()				
Name	Title	Relationship to you	Telephone No.	No. Years Known

Personal References

List the name and telephone number of three personal references that are *not* related to you.

()				
Name	Title	Relationship to you	Telephone No.	No. Years Known
()				
Name	Title	Relationship to you	Telephone No.	No. Years Known
()				
Name	Title	Relationship to you	Telephone No.	No. Years Known

EXPERIENCE

Type	List all positions, events attended, involvement, activities or honors/awards as appropriate.
Chapter Experience (Offices/Chairs Held)	
Involvement with General Fraternity (Events Attended)	
IFC/Greek Experience (Positions or Involvement)	
Campus Activities (Involvement and Positions)	
Honors/Awards	

ESSAY

Complete the essays below on a separate sheet and mail them along with a printed copy of your application.

VISION STATEMENT:

Excelling with Honor

MISSION STATEMENT:

To develop ethical leaders inspired by the principles of Love, Honor and Truth.

To foster the personal growth of each man's mind, heart and character.

To perpetuate lifelong friendships and commitment to the Fraternity.

1. Above are the vision and mission statements of Sigma Nu Fraternity, Inc.
What do these statements mean to you?
How do you see the role of consulting in terms of these statements?
2. What are three values that you consider important?
How did you choose these values?
How do they impact you in your daily life?

APPLICATION CHECKLIST

- Official Transcript (required)
- Resume (optional)
- Letters of Recommendation (optional)
- Signed Applicant Statement (required)

Mail completed applications along with supporting materials (e.g. official transcript, resume, letter(s) of recommendation and signed applicant statement) to:

Sigma Nu Fraternity, Inc.
Attn: Consultant Program
9 N. Lewis Street
P.O. Box 1869
Lexington, VA 24450

APPLICANT STATEMENT

I authorize investigation of all statements contained in this application for employment. In making this application for employment, I understand that information may be obtained through interviews with the personal references and past employers. This inquiry may include information as to my character, general reputation, and personal characteristics, as well as information about my work performance and workplace conduct. I consent to this review and to the consideration of any statements of references or former employers that are given in response to the inquiry.

I understand that information provided as to my preference of position is considered as such, but that interviews are conducted for general consulting positions and subsequent hiring decisions for a specific position are made based on need, availability of positions, and best fit for the applicant, as determined by Sigma Nu Fraternity, Inc.

I hereby release all parties, including Sigma Nu Fraternity, Inc., personal references, schools attended, and previous employers from liability for any injury or damage that may result from their furnishing information concerning me or any action Sigma Nu Fraternity, Inc. takes on the basis of such information.

I understand that, according to federal law, all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and United States citizen status or, if aliens, their legal authorization to work in the United States. As a consequence, I understand that any offer of employment to me is contingent upon my ability to produce the required documentation within the time period required by law.

I understand that this application is not, and is not intended to be, a contract of employment and that any resulting employment relationship is for no fixed period of time and is terminable at any time and for any reason by Sigma Nu Fraternity, Inc. or by me. I further understand that statements which may be contained in policies, practices, handbooks, or other firm material do not create any guarantee of employment and that Sigma Nu Fraternity, Inc. has the right to modify, amend, or terminate policies, practices, benefits plans, or other programs within the limits and requirements imposed by law. I understand that no representative of Sigma Nu Fraternity, Inc., other than an officer, has the authority to enter into any agreement for any specific period of time or to make any agreement contrary to my at-will employment status and that any such agreement must be in writing to be binding.

I understand that any information provided by me that is found to be false, incomplete or misrepresentative in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read and fully understand the above Applicant Statement.

Signature of Applicant

Date